

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2356

Registration District No. 219

Primary Registration District No. 5301

Registrar's No.

1. PLACE OF DEATH:

(a) County COOPER
(b) City or town Rural - Palestine
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Pilot Grove, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 57 yrs (Specify whether)
In this community 57 yrs years, months or days

8. (a) PRINT FULL NAME MARGARET-STEEL-LE-MULLETT

3. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife JOSEPH-MULLETT 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Sept - 1 - 1851 (Month) (Day) (Year)

8. AGE: 89 Years 4 Months 15 Days If less than one day hr. min.

9. Birthplace Holmes County, Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Same

12. Name Margaret Steele

13. Birthplace Westmoreland, Penna. (City, town, or county) (State or foreign country)

14. Maiden name Mary Steele

15. Birthplace Westmoreland, Penna. (City, town, or county) (State or foreign country)

16. (a) Informant Mattie Phillips

(b) Address Pilot Grove, Mo.

17. (a) Burial (b) Date thereof 1-17-41 (Month) (Day) (Year)

(c) Place: burial or cremation Buncheon, Mo.

18. (a) Signature of funeral director Hayes & Painter

(b) Address Pilot Grove, Mo.

19. (a) 1-16-41 (b) Ann Whitaker (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 5
(c) City or town 1 (If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15th year 1941 hour 1 minute 50 p M.

21. I hereby certify that I attended the deceased from 6-1-, 1940, to 1-15-, 1941; that I last saw h. sr alive on 12-5-, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 5 Yrs

Due to 92 N
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature 90 Bailey (M. D. or other)

*Address Pilot Grove, Mo Date signed 1-16-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 2-12-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Signed Clayton E. Hayes
Registered Apprentice No. _____
Licensed Embalmer No. 3074
P. O. Address Pilot Grove, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 23576

Registration District No. 219

Primary Registration District No. 2301

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Palestine
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME

Margaret Steele Mullett

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 89 Months 4 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 1-16-41 (b) Ann Whitaker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Rural, Pilot Grove, Mo.
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

20. DATE OF DEATH

Month Jan day 15 -
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. P. Galey (M. D. or other) _____

Address Pilot Grove Date signed new

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE NO ERASURES

